



COMMONWEALTH of VIRGINIA

Ronald L. Lanier
Director

Department for the Deaf and Hard of Hearing

(804)662-9502
V/TTY

To Whom it May Concern:

The enclosed Interpreter Request Form has been developed for Virginia Commonwealth agencies under contract with VDDHH for Interpreter Services. This form is designed for you to use when requesting sign language interpreters through the Virginia Department for the Deaf and Hard of Hearing (VDDHH). We hope this will aid in making your requests through VDDHH easier.

When filling out the form, please provide as much detailed information as possible. The information is provided **only** to the interpreter(s) assigned for that particular assignment. The more information we can pass on to the interpreters the better prepared they are for the assignment. Upon completion of the Interpreter Request Form, you can fax it to our office at 804-662-9796.

As soon as an Interpreter is assigned, VDDHH will call or fax the name of the interpreter(s) to the contact person indicated on the request form. If you need to contact us to inquire about a particular request, you may contact Tonya Custalow via 1-800-552-7917 (V/TTY) or 804-662-9502 (V/TTY).

In situations where you have a "last minute" or "emergency" request during times in which VDDHH is closed, you may proceed to contact interpreters who are listed in the Directory of Qualified Interpreters for the Deaf and Hard of Hearing to locate an interpreter. This listing can be obtained through VDDHH upon request. In these situations, the Interpreter Request Form can be filled out "after the fact" and faxed to VDDHH the following day in order for VDDHH to approve and process the billing from the interpreters. Please be sure to indicate who the interpreter was for that particular assignment.

I hope this information is helpful for you. Please do not hesitate to call me if you have any questions, concerns or suggestions regarding any aspect of the Interpreter Programs. I can be reached at the numbers above Monday through Friday 8:15 A.M - 5:00 P.M.

Sincerely,

Laurie B. Malheiros
Interpreter Programs Manager

Enclosures

SIGN LANGUAGE INTERPRETER REQUEST FORM
VA DEPARTMENT FOR THE DEAF AND HARD OF HEARING
RATCLIFFE BUILDING, SUITE 203
1602 ROLLING HILLS DRIVE
RICHMOND, VA 23229-5012
1-800-552-7917 V/TTY
804-662-9502 V/TTY

TO: VDDHH Interpreter Service Program

DATE: _____

Name of State Agency/Division/ Co.: _____

NBR of PAGES: _____

Contact Person: _____ **Phone #** _____

SUBJECT: Sign Language Interpreter Request

Have you ever requested Interpreter Services from VDDHH in the past? ____ Yes ____ No

Date of Assignment: _____

Time of Assignment: _____

Begin _____ **Approx. Ending time** _____

Names ALL parties needing interpreter services (use additional form if necessary):

Deaf/HoH Person: _____ **AGE** ____ **Gender** ____

Deaf/HoH Person: _____ **AGE** ____ **Gender** ____

Other Please Specify Involvement: _____

Other Please Specify Involvement: _____

Type of Event/Meeting: _____

Specific Details of Event/Meeting: _____

Specific Location/Address of Assignment: _____

Billing Information (VDDHH cannot process an interpreter request without complete billing information):

Agency: _____

Billing Contact

Person:_____

Address:_____

City, State,

Zip:_____
